

Amendment to recommendations

Nataf P, Lansac E

Dilation of the thoracic aorta: medical and surgical management.

Heart 2006;**92**:1345-1352. doi:10.1136/hrt.2005.074781

Some of the recommendations in this article have been slightly altered following the publication of ACC/AHA 2006 Guidelines for the Management of Patients With Valvular Heart Disease. [J Am Coll Cardiol 2006;48:e1-148. doi:10.1016/j.jacc.2006.05.021](#)

Page e39: "In general, AVR and aortic root reconstruction are indicated in patients with disease of the aortic root or proximal aorta and AR of any severity when the degree of dilatation of the aorta or aortic root reaches or exceeds 5.0 cm by echocardiography. However, some have recommended surgery at a lower level of dilatation (4.5 cm) or based on a rate of increase of 0.5 cm per year or greater in surgical centers with established expertise in repair of the aortic root and ascending aorta."

Page e40: "If patients with bicuspid valves and associated aortic root enlargement undergo AVR because of severe AS or AR, it is recommended that repair of the aortic root or replacement of the ascending aorta be performed if the diameter of these structures is greater than 4.5 cm."

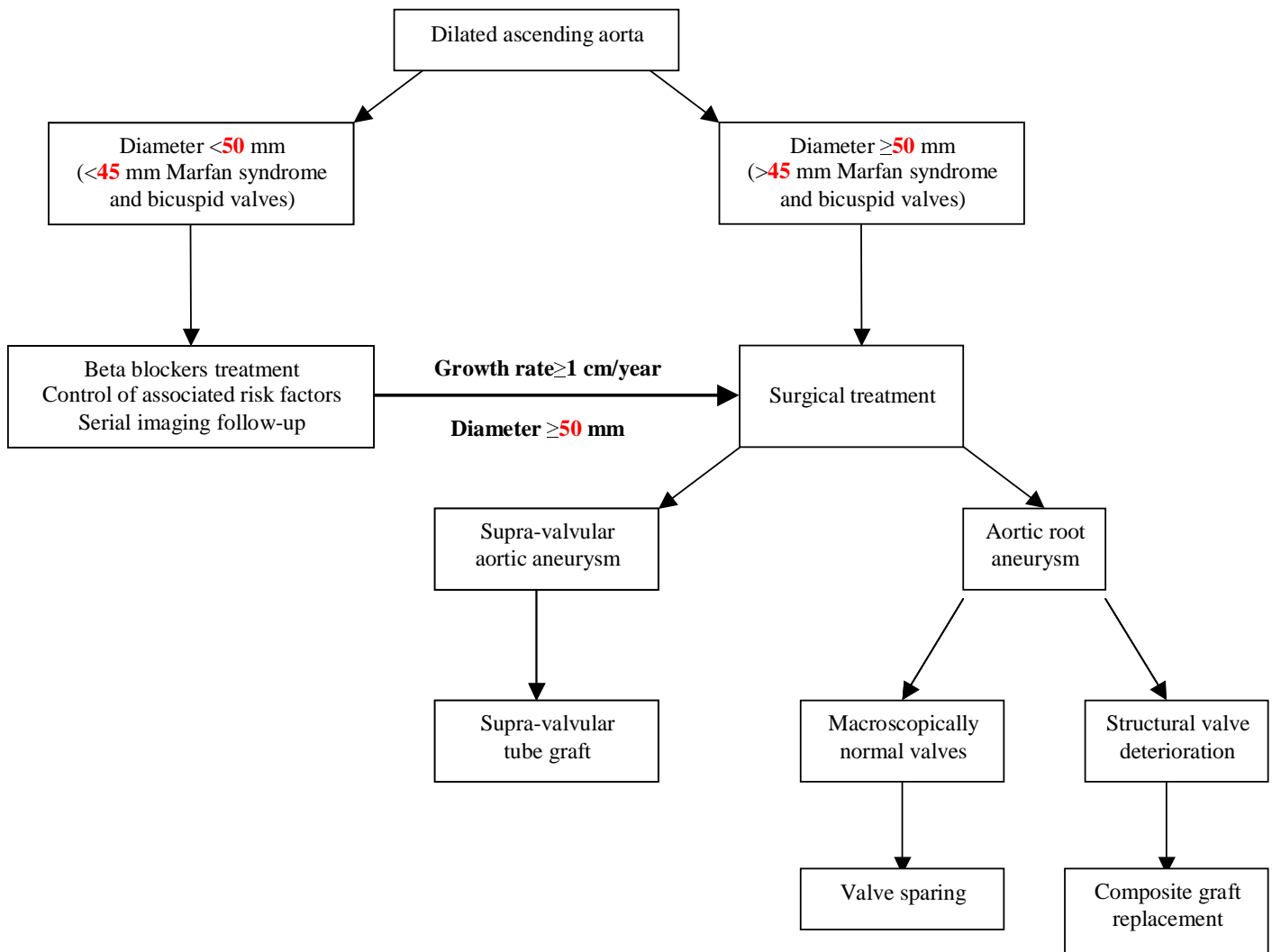
These guidelines would have resulted in the following changes *Heart* article (changes in red type)

- **Table 2: Surgical indications in ascending aortic aneurysms**

Surgical Emergency	Rupture or aortic dissection
	Unexplained pain
	Compression of adjacent organs
Elective operation	Aortic insufficiency requiring surgical correction
	Size \geq 50 mm
	Size \geq 45 mm in patients with Marfan syndrome or bicuspid valves
	Growth rate \geq 1cm/year

- Page 1348: "Based on the natural history of ascending aortic aneurysms, prophylactic surgery seems appropriate when the diameter reaches **4.5–5** cm, depending on the aetiology. Intervention criteria are summarised in table 2 and fig 6 Elective surgery of the ascending aorta is much safer than emergency intervention (mortality 4.3%). (...)
- Page 1348: "For patients with Marfan syndrome and bicuspid valves the size criterion is somewhat lower. In these patients, most authors feel that prophylactic repair is warranted for an intervention criterion of **4.5 cm** diameter

- **Figure 6 : Elective medical and surgical management of dilated ascending aorta**



- **Multiple choice question 4:**

How do you define the operative indications for aortic root aneurysms?

- Echocardiography only true/false
- Association of echocardiography and CT scan true/false
- A diameter over **50 mm true/false**
- A diameter over **45 mm in case of Marfan syndrome or bicuspid valve true/false**
- Growth rate over 1 cm per year true/false